

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5651

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BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>NODAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAREMONT</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Land & Fisher Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORE</u> b. (Middle) <u>Gloraine</u> c. (Last) <u>NEWTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 16-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN. 15-1856</u>
9. AGE (In years last birthday) <u>93</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Columbus City, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>JAMES O. PASCHAL</u>		13b. MOTHER'S MAIDEN NAME <u>ARRAMINTA HANN</u>	
14. NAME OF HUSBAND OR WIFE <u>IRA NEWTON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>IRA B. Newton, Hopkins, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Senility</u> DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>FEB. 12</u> , 19 <u>49</u> , to <u>FEB. 16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>FEB. 16</u> , 19 <u>49</u> , and that death occurred at <u>4:30 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. L. Hanspacher D.O.</u>		23b. ADDRESS <u>Maryville Mo</u>	
23c. DATE SIGNED <u>3/17/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb. 18-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ohio Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>BURLINGTON JUNCTION, Mo</u>
DATE REC'D BY LOCAL REG. <u>2-18-49</u>	REGISTRAR'S SIGNATURE <u>Bessie Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stanley Swanson, Hopkins, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

myself

Student Embalmer No. _____

Student
Student Embalmer

Signed

Stanley Swanson

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.